

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90367 020 ***150.00

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DOCUMENT # P00000058257

1. Entity Name

AACTION HOMES OF ORLANDO, INC.



Principal Place of Business

**1881 S KIRKMAN RD #717
ORLANDO FL 32811**

Mailing Address

**1881 S KIRKMAN RD #717
ORLANDO FL 32811**

2. Principal Place of Business

2125 Lake Debra Dr

3. Mailing Address

7802 Kingspointe Pkwy

Suite, Apt. #, etc.

Apt. # 1227

Suite, Apt. #, etc.

Suite # 207-B

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32835

Country

USA

Zip

32819

Country

USA

4. FEI Number

59-3630723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PAPASAKELLARIOU, DANIEL
1881 S KIRKMAN RD #717
ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name

S.A.O. Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

7802 Kingspointe Parkway

Suite, Apt. #, etc.

Suite # 207-B

City

Orlando

FL

Zip Code

32819

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/05/03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PAPASAKELLARIOU, DANIEL**
STREET ADDRESS **1881 S KIRKMAN RD #717**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with authority to be empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

407.445.4987

Date

Daytime Phone #

CR2E034 (10/02)